

# CALIFORNIA'S HEALTH

STATE DEPARTMENT OF PUBLIC HEALTH  
ESTABLISHED APRIL 15, 1870

PUBLISHED SEMI-MONTHLY

SAN FRANCISCO 2, 760 MARKET STREET

ENTERED AS SECOND-CLASS MATTER JAN. 28, 1949, AT THE POST OFFICE AT SAN FRANCISCO, CALIFORNIA, UNDER THE ACT OF AUG. 24, 1912. ACCEPTANCE FOR MAILING AT THE SPECIAL RATE APPROVED FOR IN SECTION 1103, ACT OF OCT. 3, 1917

VOLUME 10, NUMBER 24

JUNE 30, 1953

WILTON L. HALVERSON, M.D.  
DIRECTOR OF PUBLIC HEALTH

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## New Directions in Public Health\*

WILTON L. HALVERSON, M.D., Director, California State Department of Public Health

Six years of experience with the California Conference of Local Health Officers has emphasized its value as a means of currently evaluating state and local public health policies and practices. The new constitution and by-laws have helped to clarify relationships between state and local health officers, and this organization now provides an organized channel of expression for all health officers who desire to participate. As we follow the reports of the conference and its various committees, it is gratifying to note that practically all are participating in the work of the conference. Only a few of our colleagues, for some reason or other, do not participate.

To those of you who, through the years, have carried a heavy load of committee assignments and who have consistently given of your time in making the work of the conference a success, I wish to express my sincere appreciation, that of the State Board of Public Health, and the department.

To those few who have thus far not participated I extend a cordial invitation to become a part of the family and to share in solving our mutual problems in this State with its bulging population and its rapidly growing health needs.

It is particularly important that everyone share in the work of the conference as we are faced with new responsibilities and new duties as a result of new legislation.

### Extension of Local Health Services

We have been continually concerned about the extension of organized health services to the rural areas of the State. The present Legislature has provided an additional method for accomplishing this. Senate Bill

777, authored by the late Senator Jesse Mayo and his colleagues, makes it possible for counties of less than 40,000 population to contract with the State Department of Public Health for services.

This additional method must be explored carefully with those who have the greatest official concern, namely, the supervisors of the counties which qualify. We must also explore this new approach with the physicians practicing in these areas.

Patterns of service in metropolitan areas are not necessarily applicable to these smaller counties and we must together work out the methods which will give the services needed for the least possible expenditure.

### Evaluation of Services

The conference and the department share the responsibility of continuous evaluation of health services and needs. With the tremendous costs of government in our State, we must be sure that our programs fit the needs of the State and local communities and are producing value received for expenditures made. It is necessary that we look at all of our program, both state and local, and decide which parts should have earliest attention.

Administrative research studies carried out in the field of nursing records during the past year, for example, have led to an appreciable saving of time in the nurse's daily program. Inquiries such as these take time but as we learn how to carry them out expeditiously they become a practical part of our service program.

With good planning, evaluation should become a continuing practice in all public health programs. The immunization program of the Alameda County Health Department, described in the April 15, 1953, issue of *California's Health*, is an example of how some eval-

Address given before California Conference of Local Health Officers, Los Angeles, May 27, 1953.

uation techniques can be applied effectively and demonstrates their value in program planning and development.

Periodic time studies by staff, when well planned, are not time-consuming in themselves and are helpful in indicating to staff and to administrators needs for change in personnel assignments and in methods of operation.

An informal, but valuable, method of evaluation which should be utilized at least once a year in every well-organized health department is the program review when the health officer and his administrative staff examine current services and results, set goals for the future and determine the methods which will be used in seeking their accomplishment.

The Conference of Local Health Officers has developed a number of *Guides* for the various public health services which should be very useful to all local departments in evaluating their programs.

A critical attitude toward our work cannot help but be beneficial to all of us and the conference can provide the forum which will guide us in the selection of appropriate areas and methods of evaluation.

#### Budget Curtailment

The federal budget cuts now being proposed in tuberculosis, venereal diseases, maternal and child health, cancer and heart disease control, and in hospital and health center construction emphasize the importance of self-evaluation of our programs. These budget cuts are large when related to some of the programs concerned and are significant when compared to the total state and local budgets.

Students of government believe that they may indicate a trend toward shifting responsibility for financing health services from federal to state and local sources.

#### The Crippled Children's Program

The crippled children's program has received considerable attention during the past year. You will remember that a year ago we started working on a formula for the distribution of available state funds. This was requested by the Assembly Ways and Means Committee which, at the same time, requested the Assembly Public Health Committee to study the crippled children's program. The House of Delegates of the California Medical Association also requested a study of the program on a biennial basis.

The conference, working with the department's Crippled Children's Advisory Committee, has given a great deal of time to the solution of the knotty problems of this program.

A formula for the distribution of funds has been adopted by the Legislature and has been sent to all

local health departments and local agencies administering the program. It is not the formula recommended by the department but is a compromise worked out with the Legislative Budget Auditor after the Senate Finance Committee had completely rejected the proposal of the department based on the recommendation of the Crippled Children's Advisory Committee and the committee of this conference and had fully accepted the recommendation of the Legislative Budget Auditor. We are committed to this formula for the coming year but with the understanding that any difficulties that arise in its administration or suggestions for amendments will be brought to the attention of the next Legislature.

The problem of the place of the family physician in the crippled children program is under consideration by a subcommittee made up of three nominees of the California Academy of General Practice and three specialists who are active in the program. This subcommittee is under the chairmanship of Dr. Charles Dimmier, who is also a member of the Alameda County Crippled Children Advisory Committee.

The problems of financial eligibility and reimbursement for services are being actively studied by the department, working with representatives of local agencies administering crippled children services. Following a review of local programs, a proposal will be made which, after review by the advisory committee, will be recommended for general use as the policy of the State Department of Public Health.

#### Gamma Globulin

The distribution of this scarce commodity of limited value will be one of the most difficult responsibilities of the state and local health departments this summer. Policies recommended by the Advisory Committee on Distribution and Use of Gamma Globulin and adopted by the department have been distributed to local health officers and will be formally announced at the meeting of the Public Health Section of the California Medical Association.

#### Legislation

[The section dealing with legislation then pending has been omitted. A resume of 1953 California legislation affecting public health will appear in an early issue.]

#### Relationships With the Medical Profession

In the modern public health program there is increasing need for the establishment and maintenance of effective working relationships with the private physician. The family doctor will more and more become the health officer for the families under his care; this has been true in the past in relation to communicable diseases but with the increased interest in the pre-

vention of the so-called long-term illness and home accidents and in the maintenance of mental health his responsibilities in the prevention of disease are constantly growing.

Local health officers are members of their local medical societies and have usually developed good working relationships with private practitioners in their areas. Through advisory committees and in other ways most local health officers have established effective channels of communication and joint planning. Nevertheless, the trends of public health programs require that we continue to seek for new and more effective ways for public health departments to give service to physicians which will help them in the preventive aspects of private practice. More than ever we are faced with the challenge of providing appropriate opportunities for effective participation by private physicians in the health department program.

### **Eastern Public Health Opening**

The Civil Service Commission of the City of Philadelphia announces an opening for Chief of Preventive Medicine of the Department of Public Health. This position carries the responsibility for the design and execution of the clinical public health practice for the entire department program with the exception of the mental health program. The salary is \$12,200 to \$15,700 per year.

Further information may be obtained from:

Norman Ingraham, M.D.  
Philadelphia City Department of Public Health,  
City Hall Annex,  
Philadelphia, Pa.

### **NOTICE OF HEARING**

The State Board of Public Health will hold a hearing on July 10, 1953, in Room 668, Phelan Building, 760 Market St., San Francisco, on the proposed amendment of Title 17, California Administrative Code, Chapter 5, Subchapter 2, Group 1, Section 10615, pursuant to the authority of Section 26540.2 of the Health and Safety Code.

This hearing is being held at the request of the wine industry and the proposed change would permit the sweetening of wines produced from Concord or other labrusca grape varieties with sugar.

Copies of the regulations are available for inspection in the State Department of Public Health offices in San Francisco and Los Angeles, and are made a part of this notice by reference.

WILTON L. HALVERSON, M.D.  
Executive Officer  
State Board of Public Health

### **Conference on Alcohol Education in Chico July 6th**

A conference on alcohol education will be held on the campus of Chico State College the afternoon and evening of July 6th. The primary purpose is to provide school teachers with sound information and a usable bibliography for alcohol education units. Interested school and public health people from anywhere in the State are invited to attend. No fee is involved, but those planning to attend should get in touch with Henry Keneally, Health Educator, Butte County Health Department, Box 1100, Chico, or with Dr. George Brower, Chico State College, Chico.

The conference is an outgrowth of a recent study made jointly by Chico State College faculty and Butte County Health Department staff of patterns of drinking and attitudes toward alcohol in high school and college students. The study brought out pertinent facts that will form the basis for discussion at the conference. Members of the state college faculty from the departments of education, biology, sociology, and psychology will conduct the sessions.

### **Personal Notes**

**Jan C. Ulstrup, M.D.**, of the Bacteriological Laboratory, Sahlgrens Hospital, Gothenburg, Sweden, is studying influenza at the Viral and Rickettsial Disease Laboratory of the State Department of Public Health on a fellowship of the Norwegian Research Council.

**Fulvio Jose Alice, D.V.M.**, Director of the Institute Biologico de Bahia, Brazil is at the same laboratory for a year's study of rabies on a Rockefeller Foundation fellowship.

**Rena Haig**, Chief, Bureau of Public Health Nursing, State Department of Public Health was elected chairman of the Council of State Directors of Public Health Nursing at their recent meeting in Washington. The term of office is two years.

**Sir Allen Daley**, who served as Medical Officer of Health and School Medical Officer of the County of London from 1939 until his recent retirement, talked on public health problems in England at the annual spring dinner meeting of Zeta Chapter of Delta Omega in Berkeley. (Delta Omega is the honorary scholastic public health fraternity.) He also addressed the executive staff of the State Health Department.

Sound mental health facilities combine with stable, happy family life to form the axis about which a well-balanced community revolves.—*National Association for Mental Health*.

# Highlights of Health Officers' Semiannual Meeting

The California Conference of Local Health Officers held its sixth midyear meeting at Los Angeles, May 27 through May 29, 1953. During the three days, reports of the conference's interim study committees were presented on a large number of important public health matters. These were considered in plenary session and recommendations were made for action.

Dr. Roy O. Gilbert, Los Angeles County Health Officer and president of the conference, presided. The opening address, by Dr. Wilton L. Halverson, State Director of Public Health, appears as the leading article in this issue. Guest speaker was Dr. Ernest L. Stebbins, Director of the School of Hygiene and Public Health, Johns Hopkins University, Baltimore, Maryland. His paper, "Changing Concepts in Public Health Administrations," will appear in an early issue of *California's Health*. More detailed accounts will also be given from time to time of the more important matters briefly mentioned below upon which the conference recommended action.

## **Gamma Globulin**

The conference approved the state plan for distribution of gamma globulin, and commended the State Department of Public Health for the way in which it has handled this difficult problem.

## **Community Refuse Disposal**

The conference recommended that all local health officers take an active interest in promoting research and in support of existing research on methods of waste and rubbish disposal since this problem is now acute in some parts of the State and may become acute in all areas of the State in the future.

## **Auto Court and Trailer Park Legislation**

The conference requested the State Legislature to undertake a comprehensive study of the use of trailer coaches as permanent places of abode, such studies to be undertaken by an interim committee and the various state agencies concerned with this problem. The resolution was based on recognition of the fact that when existing legislation regulating trailer parks was passed in 1937 approximately 95 percent of trailer coaches were used for recreational purposes and only 5 percent for permanent living. Now it is estimated that the reverse is true. This change has taken place rapidly and without adequate study of the hygienic and safety aspects of trailer coach living as permanent housing.

## **Administrative Costs for Crippled Children's Services**

The conference recommended to the State Department of Public Health and the Legislative Auditor that administrative costs of the crippled children's program be allowed to counties in addition to the amount shown in the proposed budget of the State Department of Public Health for treatment services. The administrative costs are estimated at 10 percent of the total costs.

## **Financial Eligibility for Services Under CCS**

The conference recommended that the State Department of Public Health, in consultation with responsible officials and other interested persons, develop a basic guide for determination of economic eligibility for crippled children's services to assure effective screening methods.

## **Uniform Standards for Small Water Supplies**

The "Guide for Surveying Small Public Water Supply System," developed by the Study Committee on Environmental Sanitation and submitted to the Committee on Administrative Practices was approved by the conference. As with all the other material to be considered at the semiannual meetings, copies were sent in advance to the local health officer members. The standards are intended as a guide in the issuance of water supply permits. Some of the standards are mandatory and some are recommended. It is expected that new systems will conform to both the mandatory and the recommended provisions, while existing systems need only comply with the mandatory provisions.

## **Means Test for Tuberculosis Patients**

An *ad hoc* Committee on the "Means Test" for Hospitalization of Tuberculosis Patients in Public Institutions reported its work on this subject, including a conference with members of the California Medical Association and of the California Tuberculosis and Health Association. At this joint meeting, representatives of the three agencies went on record as opposed to (1) liens on the property of tuberculosis patients in public institutions for reimbursement for hospital expenses and (2) waivers of the statute of limitations for reimbursement contracts for these hospital expenses.

The conference by resolution approved this statement in favor of abolishing these reimbursement practices.

## Poliomyelitis and Gamma Globulin

Both nationally and in California the reported cases of poliomyelitis for 1953 have exceeded the number recorded in comparable periods for 1952, 1951, or for the five-year median. The following tabulation for the United States and California shows comparable figures for the period January through June 6th, and for the period April through June 6th. The latter breakdown is given because the polio season is calculated from the seasonal low point in April.

January through June 6th		April through June 6th (from seasonal low point)	
United States	California	United States	California
1953 -----	2817	723	881 226
1952 -----	2166	412	948 141
1951 -----	1971	417	723 118
5-year median	1512	402	548 115

In California the ratio of nonparalytic to paralytic cases is higher than previously recorded in the last five years, which would suggest that many mild cases are being diagnosed and reported. This is particularly true for the period since April, as the following tabulation shows:

### Cases in California

	Para-	Non-			
	Total	lytic	Percent	paralytic	Percent
January through June 6th	723	429	59.3	294	40.7
January through March	497	324	65.1	173	34.9
April through June 6th	226	105	46.5	121	53.5

Half of the cases reported in California since the seasonal low point in April have occurred in Los Angeles County.

### Gamma Globulin

The basic supply of gamma globulin allotted to California by the Federal Office of Defense Mobilization for poliomyelitis prophylaxis is 177,900 cc., or 18,000 average doses. To date (June 15th) 83,000 cc. of this supply has been received by the State Department of Public Health for redistribution to local health departments. Each local health jurisdiction so designated to distribute gamma globulin in the state plan has received an initial supply equal to one-third of its basic allotment.

Criteria have yet to be released from the Federal Office of Defense Mobilization defining the use of gamma globulin for community-wide prophylaxis where epidemic situations develop. However, preliminary planning is under way in this department so as to be ready for possible mass prophylactic efforts, should the need arise in California. In addition, plans are being developed on national, state, and local levels to collect data on the use of gamma globulin this summer.

Reports on gamma globulin and poliomyelitis were made by the department to the State Board of Public Health on May 26th and to the California Conference of Local Health Officers on May 27th. On May 28th

Dr. Halverson presented a paper on this subject to the California Medical Association in Los Angeles.

News releases have been issued explaining the California plan for distribution and use of gamma globulin, informing parents that the extremely short supply of this material would preclude its use except for immediate household contacts of clinically diagnosed cases. A brochure, "Message to Physicians on Gamma Globulin," was prepared for early distribution to all physicians in the State. This brochure includes essential information about the California plan and a statement by the National Research Council of value to physicians in the administration of gamma globulin.

## Restaurant Act Interpreted by Attorney General

That the Restaurant Act does not apply to private clubs which serve food to members only, nor to food cooked in home kitchens for sale to the public at special events was a recent opinion of the Attorney General. It was given in response to a request from the State Director of Public Health.

The opinion concerning the application of the Restaurant Act to private clubs is based upon the contention that a private club does not come within the scope of Section 28602 of the Health and Safety Code. This section is designed to regulate the operation of commercial establishments engaged in the business of "selling" food to the public, but these clubs serve food to members and their guests only, not on an unrestricted basis to all who are willing to pay for it.

It is also the opinion of the Attorney General that private home kitchens do not come under the Restaurant Act even though the food from such kitchens may find an intermittent or casual commercial use.

This opinion is an interpretation of state law and does not apply to local laws or regulations.

For further details concerning these rulings refer to Opinion No. 53-28.

Cancer of the lung has steadily increased in incidence until it is now the most common form of cancer, according to Drs. Louis H. Clerf and Peter A. Herbut, Philadelphia. The doctors are associated with the departments of laryngology and broncho-esophagology and pathology, Jefferson Medical College and Hospital.

During 1948, cancer of the lung caused more than 16,000 deaths in the United States. The treatment of such cancer, most prevalent in men between the ages of 40 and 70 years, depends upon early diagnosis and immediate institution of therapy, the doctors wrote in the October 25th issue of the *Journal of the American Medical Association*.

## **Penicillin Now Permissible for Use in Eyes of Newborn**

The State Board of Public Health recently amended regulations of the California Administrative Code to permit the use of penicillin ointment as an alternative to silver nitrate solution in the prophylaxis of ophthalmia neonatorum in the eyes of the newborn. The State Department of Public Health will continue to supply without cost to "all physicians, midwives, and other persons lawfully engaged in the practice of obstetrics" wax ampules of 1 percent silver nitrate solution. Penicillin ointment will not be available from the department.

Since 1915, administration of silver nitrate solution immediately after birth has been mandatory in California. The purpose has been to prevent blindness in infants from acute infectious conjunctivitis of gonorrhreal or other origin. Careful studies on the use of penicillin for the same purpose have been carried on for several years. Among these was a study made at the University of California Hospital and the San Francisco Children's Hospital for four years from 1949-52 under the Department of Ophthalmology of the U. C. Medical School. Their conclusion was that penicillin ointment should be used in hospitals for the prophylaxis of the eyes of the newborn.

In July, 1951, a committee was appointed in the State Department of Public Health to consider the change of regulations and review the literature on the subject. Staff members of the Bureaus of Venereal Diseases, Maternal and Child Health, Acute Communicable Diseases, and hospitals and of the Division of Preventive Medical Services made up the committee. After review of the literature this committee decided favorably for a change in the administrative code to allow the use of penicillin.

The matter was then presented to the Disease Control and Laboratory Committee and the Committee on Administrative Practices of the California Conference of Local Health Officers, and the proposed change was approved by both committees. An *ad hoc* committee of the California State Medical Association, made up of an ophthalmologist, an obstetrician, and a pediatrician, also approved.

The state board, after a public hearing in Los Angeles on May 26th, adopted the proposed revision. Chapter 4, Subchapter 1, Section 2560, Title 17, California Administrative Code, now states, "1 percent silver nitrate solution in wax ampules and penicillin ointment (ophthalmic) 100,000  $\mu$ /gm. are approved as prophylactics for conjunctivitis, acute infectious of the newborn (ophthalmia neonatorum)."

## **P. H. S. Offers Training Courses in Diabetes Control**

The Public Health Service, Department of Health, Education, and Welfare, is offering opportunities for training in diabetes control at the Diabetes Study and Training Center, Boston, Massachusetts. Six courses covering various aspects of diabetes control are planned. Dates for two courses have been announced. "A Diabetes Program in Public Health" is scheduled for September 21st-25th and "Group Teaching of Patients" is set for October 5th-9th and November 30th-December 4th. Other courses, with dates yet to be announced, will cover nursing, nutritional, and laboratory aspects of public health diabetes programs and organization and management of a diabetes clinic.

No registration or tuition fee is required and enrollment is limited to 10 per course. The approximate length of each course will be one week.

For further information and application forms contact:

Medical Officer in Charge,  
Diabetes Study and Training Center,  
U. S. Public Health Service,  
639 Huntington Avenue,  
Boston 15, Massachusetts.

## **Suspected Case of Smallpox**

A suspected case of smallpox, which laboratory tests later proved to be negative, was reported to the State Department of Public Health recently by the Merced County Health Department. The patient was a Mexican national who became ill and developed a rash the day he arrived in Merced with a group of workers brought in from Mexicali by chartered bus for agricultural work in the San Joaquin Valley.

The case was clinically diagnosed as adult chickenpox, but his recent arrival from Mexico and the possibility that he might have a mild case of smallpox justified an "administrative" diagnosis of smallpox. The private physician who first saw the case and medical personnel of the local and state health departments conferred in making the diagnosis. The patient was immediately isolated and every precaution taken to prevent the spread of infection. Investigation showed his contacts had been limited to companions on the chartered bus. All were revaccinated immediately.

Tests which gave negative results for smallpox were run in the viral and rickettsial disease laboratory of the State Department of Public Health and in the laboratory of the University of California Hospital.

## Trends of Public Health Research \*

HERMAN E. HILLEBOE, M.D.

Commissioner, New York State Department of Health

We approach a new era in public health. There are before us complex problems that urgently demand solution. To meet this challenge, we must examine those resources and techniques which have been effective in the past and which can be adapted to the new demands of the future.

The epidemiological approach to communicable disease control has been very effective, as attested by the declining morbidity and mortality from most of these diseases and numerous well-documented control programs. The collection and analysis of field data provided answers to questions of incidence, prevalence, trends, and distribution according to geographic location, season, age, race, sex, occupation, economic status, etc. This descriptive material has permitted inferences and deductions concerning the modes of transmission or vulnerable control points related to the causative organism or the immune mechanism of the host. Controlled experiments that tested the data and the validity of the inferred hypotheses have frequently established new principles which obviated waste effort and confusion.

In identifying the nature of the disease organism, in defining its action on the host, and in discovering therapeutic agents for its destruction, public and private research laboratories have provided means for establishing the validity and reliability of diagnoses and treatment, and hence have effectively implemented epidemiological data.

However, the task of epidemiological and laboratory research in the control and the virtual elimination of many infectious diseases was simplified by the fact that the causative agent and its characteristic behavior in masses of human beings could be observed; in addition, it was available for scientific scrutiny under batteries of laboratory tests.

The epidemiological approach to chronic illnesses, such as heart disease, is therefore rendered inordinately difficult because of the lack of definition to the causative factors. In addition to the integrated work of epidemiologists, laboratory scientists, and biostatisticians, other areas of scientific enterprise such as sociology, psychiatry, and anthropology will have to be incorporated into the total research effort. For it may well be that heart disease and other chronic ailments, formerly thought to be wholly derivable from a physical source, are equally impelled into destructive being by social forces, mental and emotional deviations, and deleterious cultural patterns.

Thus we must utilize the scientific method of epidemiology so admirably developed and applied in the past and enlarge its scope through the inclusion of disciplines which will enhance our perception of forces hostile to health. Integrated research effort, strongly supported and imaginatively led, will offer the most powerful mobilization we can devise against the diseases that threaten our future health and well-being.

## Cancer Facilities Affected by New Requirements

The American College of Surgeons has made two new requirements for approval of cancer facilities by their Committee on Cancer. The California State Department of Public Health has maintained a Central Tumor Registry since 1946 with 37 California hospitals voluntarily participating. The participating hospitals will be in excellent position to fulfill these requirements for approval by the American College of Surgeons.

The March-April, 1953, issue of the *Bulletin of the American College of Surgeons* carried the following announcement:

"Cancer clinics and cancer diagnostic clinics will be affected by two requirements recently made by the college's Committee on Cancer, under whose jurisdiction comes approval of these facilities.

"Number one makes it mandatory that hospitals conducting cancer clinics and diagnostic clinics have as part of their program a cancer registry. Such a registry may of course be the only cancer activity conducted by the hospital, but when the hospital has a cancer clinic or diagnostic clinic, it must also maintain a cancer registry. A registry contains the record of every cancer patient, both private and public, in-patient and outpatient, admitted to the hospital. It includes an abstract of each patient's clinical record, and annual follow-up notes. At an annual meeting of staff members who have treated one or more cancer cases within the year, the treatment as set forth in the registry will be discussed. The Cancer Committee is now preparing a brochure on this registry.

"The accreditation requirement for cancer clinics and diagnostic clinics will become effective December 31, 1955.

"The other new requirement for these facilities is that, if they are not operating in an approved hospital, they must, to be approved, be operating with the explicit approval of the county medical society. Since inception of the college's cancer control program, approval of a clinic which is an integral part of the hospital has been contingent upon whether said hospital meets with the college's approval. The medical society prerequisite will assure adequate medical guidance of any clinic functioning as a separate entity outside of a hospital, or in a nonapproved hospital."

\* Reprinted with special permission from the New York State Department of Health *Health News*, Volume 29, Number 8, August, 1952.

## Occupational Factors in Lung Cancer Studied Under Grant

The State Health Department has completed the first stage of an investigation of occupational factors in lung cancer. Lung cancer has increased rapidly during the past 20 years, and is much more prevalent in men than women. A few occupations had been implicated as factors in this disease, especially those involving exposure to radioactive ores. In the present study the department obtained detailed, lifelong occupational histories from 518 lung cancer patients and from an equal number of persons of the same age and sex serving as controls. Analysis of the data suggests that several additional occupations are possibly implicated; these include welding, overhead crane operations with exposure to metal fumes, stationary and marine boiler operations, metal mining (lead, zinc and copper), and oil drilling.

The department is now proceeding with a detailed examination of these occupations and of persons in them in order to determine the nature of the relationship to lung cancer. This project is supported by a special grant from the U. S. Public Health Service, National Cancer Institute.

## New S. R. A. Booklet Available

Science Research Associates have recently published two booklets of interest to workers in public health, education and welfare.

*Developing Responsibility in Children*, one of the "Better Living Booklet Series" for parents and teachers, was written by Constance Foster. The text is filled with illustrative case-histories and practical rules-of-thumb sum up each chapter.

*What You Should Know About Parenthood* is a "Life Adjustment Booklet" for teenagers. The author is Ralph G. Eckert, formerly Consultant in Parent Education, California State Department of Education. In this booklet the teenager will learn something of what it means to be a father or mother; he will learn about some of the problems, rewards, and fun of being a parent. The "teenster" will find out how to start preparing himself now so that he can be a good parent in the future.

Single copies of each are priced at 40 cents, quantity prices on request. Order from Science Research Associates, Inc., 57 W. Grand Avenue, Chicago 10, Ill.

## Review of Reported Communicable Disease Morbidity—May, 1953

### Diseases With Incidence Exceeding the Five-year Median

Diseases	May 1953	May 1952	May 1951	5-year median
Amebiasis	44	45	43	26
Encephalitis (undetermined etiology)	5	2	4	3
German measles	3,583	1,708	1,059	1,059
Hepatitis, infectious	76	51	12	30
Malaria	8	6	1	1
Measles	12,516	9,986	19,136	9,986
Meningitis, meningococcic	43	37	26	20
Mumps	5,035	3,610	2,531	4,827
Poliomyelitis	111	78	61	71
Salmonella infections	40	44	17	17
Shigella infections	93	70	39	39
Streptococcal infections, respiratory, including scarlet fever	824	614	1,186	609

### Diseases Below the Five-year Median

Diseases	May 1953	May 1952	May 1951	5-year median
Brucellosis	4	5	12	12
Chickenpox	5,261	5,550	6,331	5,650
Diphtheria	2	17	18	19
Food poisoning	43	28	14	51
Influenza	27	98	80	80
Pertussis	222	405	323	347
Rabies, animal	11	29	6	16
Tetanus	3	5	3	5
Typhoid fever	7	3	9	8

### Venereal Diseases

Diseases	May 1953	May 1952	May 1951	5-year median
Syphilis	562	544	943	1,032
Gonococcal infections	1,152	1,160	1,525	1,525
Chancroid	14	15	28	1
Granuloma inguinale	1	2	--	1
Lymphogranuloma venereum	9	7	11	1

<sup>1</sup> Median not calculated.

## Public Relations Guide Available

"Measuring Your Public Relations" is the title of a recent booklet published by the National Publicity Council. This publication offers to health and welfare agencies an appropriate sampling of concepts and methods in the uses of research in planning and improving their public relations programs.

Copies of this booklet may be obtained at \$1.25 each from the National Publicity Council, 257 Fourth Avenue, New York 10, N. Y.

